## **STATEMENT OF**

FORM 1	ORGANIZATIO (See instructions)	N	Office use only
1. NAME OF COMMITTEE (in	(Check if name Exar ull) is changed) over	nple: If typying, type the lines	PFE4M5
Norfolk South	ern Good Government Fund		
ADDRESS (number and s	One Constitution Ave NE		
(Check if address is changed)	Washington		DC 20002 -
	CITY▲	STA	ATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one e-mail address shaun.sutton@nscorp.com	ess)	
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0 9	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00	009282	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge an  Treasurer Marque Ledoux	d belief it is true, correct and con	nplete
Signature of Treasurer	Electronically Filed by Marque Ledoux	Date	M 9 / D 2D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the		
Office Use Only		For further information contacts Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)